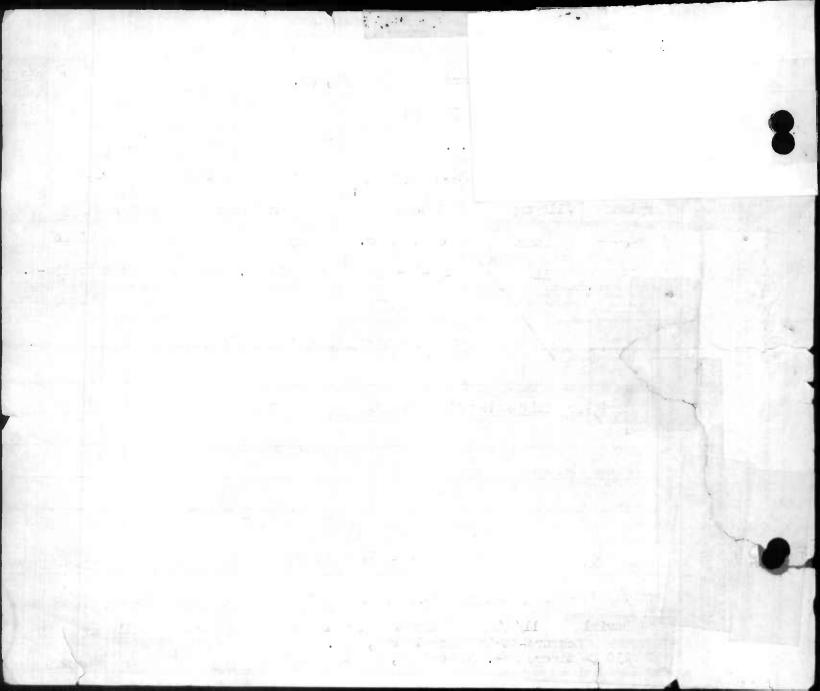
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DATH TEXECUTE THE CERTIFICATE, WENTING THE WORP, "FENDING" IN PENTIL IN ITEM 18 GIVE PARES PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FIVE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FIVE FORM PROPER 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES IT AND THE PERMIT.

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

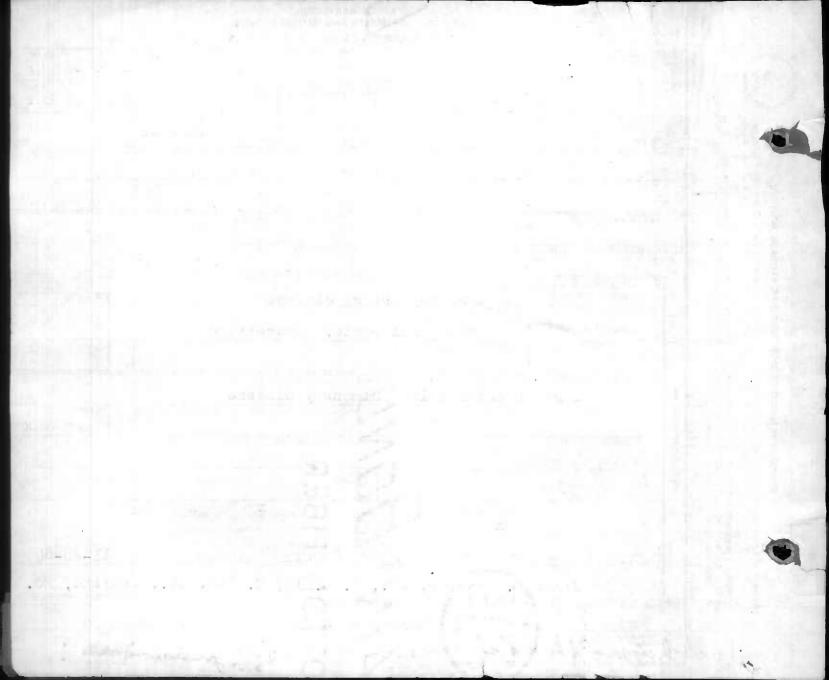
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		deorge	Edi	ward	I	3oboni	k, đr		0	F ESTI-	<u> </u>	. 5	84
	Male	White	DATE OF BIRTH	/ 30 ^{xeAR}	6. AGE (IN YE	ARS IF UND AY) MONTHS RS.		UNDER 24	IN. PRON	ATE OUNCED EAD	MONTH	DAY	9 YEAF
		ylvania	76 CITIZEN OF W	HAT COUNTY	NTRY?	MARRIEI WIDOWE	D XX NEVE	R MARRIED DIVORCED	- C	TIMORE CITY Arrett	OR COUN	NTY OF DE	ATH
Þ	Oakla		(DOA) Gat	rrett	Co. Me	em. Ho	spita.	L I		CUPATION (T	YPE OF WORK	12b KIND	OF B
130	Mary 1:	and Tree	gany		Y OR TOWN	1	3d. INSIDE CITY			DRESS Hill R	oad	215	55
1	FATHER'S N		ward		öhik,	Sr.	Már	y	NAME	WIDDLE		TY	hkc
	WAS DECE	ASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)		1-24-84		Cathe		D. Bob	ADDRES onik		me as	13
		ditions, if any, which	DUE TO, OI	R AS A CO	NSEQUENCE	OF	rterv	heart	disea	S A		31	ndd
CATION	gav cau lvin		DUE TO, OI (b) S DUE TO, OI (c) CONTRIBUTING TO DEATH CONTRIBUTING TO TO THE TOP	evere evere R AS A COI 1 DUT NOT REL OS 1S,	NSEQUENCE (NSEQUENCE (ATED TO THE TERM	OF ARY AR OF MINAL DISEASE (OR CONDITION G	IVEN IN PART		se		20 AU	
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MEDICAL	PART 2 01 Art 190. DAT UNDERL CONTRI 21d. INJU WHILE AT WOR ACTUAL SIGNAT EXAMINITYPE OF	ditions, if any, which is to immediate is (a) stating the under- grause last. HER SIGNIFICANT CONDITIONS PRIOR OF PERATION ERNAL CAUSE WAS YING OR BUTING CAUSE OF I JIRY OCCURRED JIRY OCCURRED JIRY OF JOHN CONDITIONS Certify Mort I took charge esulted ram: Nature	DUE TO, OI (b) S DUE TO, OI (c) CONTRIBUTING TO GEATH DHOUR A./ P./ 21b. TIME CHOUR A./ P./ 21e PLACE ge of the remains de ral causes X, H. Feast	R AS A COLOR RELEASE A COLOR RAS A COLOR R	ATED TO THE TERM KI dne WHICH OPER H DAY YEAR 19 Y (AT HOME. ETC.) Su Su	OF ATY AT OF MINAL DISEASE (YS RATION WA 21t HOV Autopsy Autopsy	OR CONDITION OF CO	CCURRED Inspection CCIFY)	CITY O Undetermine _MEDICALE 2734 LOCATIO	OF INJURY IN ITEM OR TOWN UIIY X d manner XAMINER t., Oak	ond in my o	20 AU YES	TOPS



RTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME OF ESTI-28 STYPE OR PRINT ,84 D, WITHIN 72 HOURS W, PRESTON STREET, Earl BOWSER 2d HOUR 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 28 ,84 P DEAD Apr.17, 1890 94 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Garrett FOREIGN COUNTRY Maryland USA WIDOWED & DIVORCED TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEAY EN PAGE 4 SHOULD BE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 1B. GIVE PAGES 1, 2, AND 310 THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. BITAIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. BITAIN PAGE 4 SHOULD BE BUSED AS A BURBLA. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, VAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BALTIMORE, MARYLAND, 21201 PRIOF TO BURBLA, CREMATION, OR REMOVAL. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE) (Rural) Farming Farmer Accident Maryland 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113c. CITY OR TOWN 13b. COUNTY NO 7 Accident Garrett 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE Susan Jacob Brown Bowser Route 2. Box 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 21520 220-03-7468 Mabel M. Fike, Accident, MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary artery disease cars IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF 11 Arteriosclerosis, generalized Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. disease CERTIFICATION Chronic obstructive pulmonary 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? YES NO NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY 71d. INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Inspection 22a I certify that I took charge of the remains described above, held an and in my apinian Natural causes X Undetermined manner DEPUTY DATE 11-28-84 SIGNATURE Feaster, Jr., Mappels 107 S. 2nd. St., Oakland, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL CREMATION REMOVAL 23b DATE Buria] 12-1-1984 Zion Lutheran Cemetery Accident. Garrett. 250. DATE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** Grantsville, MD Jr (VR A15 ME (5)

MJM 4/82

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D

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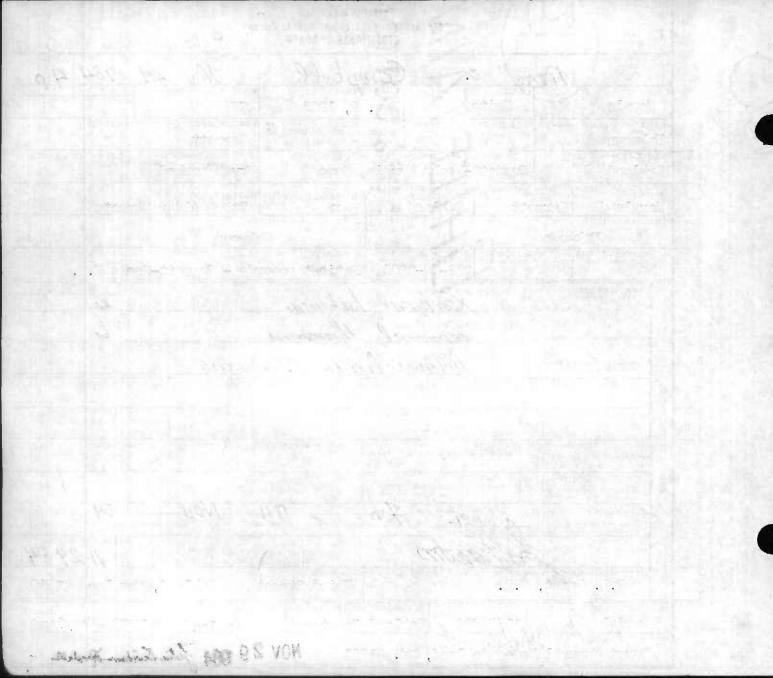
DHMH - 16 50M 7/77 (VR A 15 (4))

5

Durst Funeral Home

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2c. DATE OF DEATH DECEASED NAME TYPE OR PRINTS J. 3. SEX 5 DATE OF BIRTH NOV. 2, 1905 YEAR QAYS HOURS Female White 79 TO BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED USA Unknown Garrett DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12c USUAL OCCUPATION 12b. KIND OF BUSINESS OR Never work for most of working life! INDUSTRY Cuppett-Weeks Nursing Home Oakland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 130. STATE 113b. COUNTY 113c, CITY OR TOWN 7th & Alder Streets 13d. INSIDE CITY LIMITS? Maryland Garrett Oakland YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST Unknown Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-72-2005 Patient records - Cuppett-Weeks N.H. 18 CAUSE OF DEATH (Enter only one cause per line only, (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which trai gove rise to immediate couse (0), stating underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [Hem 18 sho 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) 22b. SIGNATURE DEGREE 22c. DATE SIGNED should be detached with the State Deput ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS B.L. Grant, M.D. Third Street Oakland, Maryland 21550 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial Oakland Cemetery Garrett Maryland Oakland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Oakland, Md. 21550



OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

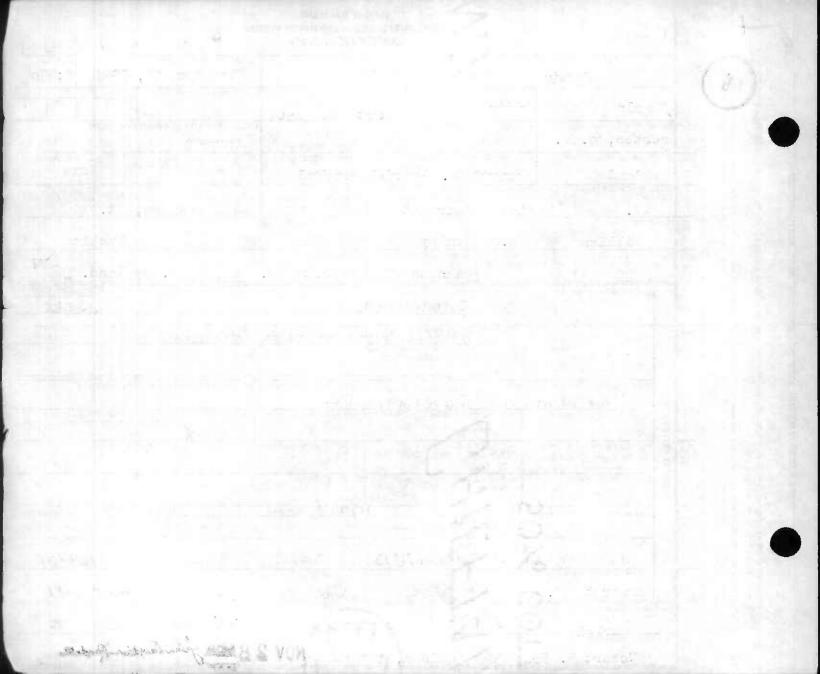
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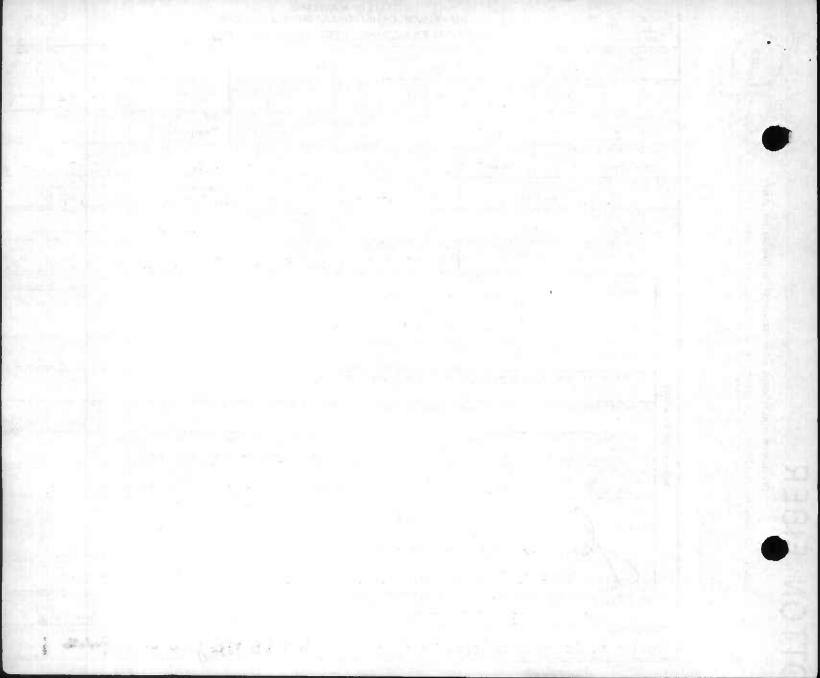
ш	REGISTRAR				REG. NO).		0
ſ	1. DECEASED NAME FIRST	WIDDLE	LAST				DAY YEAR	2b HOUR
ı	Jessie	J	CONLEY		November	22,	1984	6:35p _м
I	3. SEX	4. RACE	5. DATE OF BIRTH	AY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
1	Female	White	Oot 1	0 1904	80	YRS.	MONTHS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL			9. BALTIMORE CITY OF	COUNTY	OF DEATH	
. 1.	Préston, Co. Wv.	USA	WIDOWED	DIVORCED	Garrett			MD.
1	Oakland	(IF NOT IN SUCH FACILITY, GI	NURSING HOME OR OTHER LE STREET ADDRESS) Memorial Hosp		(TYPE OF WORK FOR MOST OF		INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENT NTY 13c. CITY C		DE CITY LIMITS?	13e. STREET ADDRESS		949	99
1	, WV . Ma	arion Fair			436 Madi	son,	St.	
4	14. FATHER'S NAME	MIDDLE U	15. MOTH	HER'S MAIDEN NA/	WE		LAST	
1	William	E. Conl		Ella			Buckl	
2	160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIA	AL SECURITY NO. 17 INFO	RMANT	ADDRE	SS		
	NO NO	Unkn	own Gar	rett Co.	. Memo Hos	o. 0a	kland.	MIDI
ſ	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a),	(b), and (c).)				APPROXI/	MATE INTERVAL
1		TE CAUSE (a) DI	umonia			31.	WQ	eks
1	THE RESERVE TO SERVE	DUE TO, OR AS A COM	NSEQUENCE OF					
1	Conditions, if any, which	(16) athe	erosclerotic	vasuelar	disease			
1	gove rise to immediate cause (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF					
1	underlying couse lost.	(c)						
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELA	ATED TO THE TERM	INAL DISEASE OR CONE	ITION GIV	EN IN PART 110	
	MALMY MIND IN A DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ition. hus	ercalcemia	_		1.07	4 1 3 4	
7	5 190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	200 AUTOPSY?		, WERE FINDIN	
	FI	1000			YES NO	YES	_	NO 🗆
7	210. ACCIDENT WAS UNDERLYING			W INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE.	ein .	19					
1	OKCONTRIBUTING CAUSE OF DE LIFETTHER NOTIFYMEDICAL EXAMINES	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	211 LOC	ATION	CITY OR TO	WN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK	(AT NOME, STREET, PACTORY,	OFFICE, PARM, ETC)	1		1 1	0.1	
1	22a.1 certify that (1) (this hosp		from 11/2	19 84	, to	4221	19 24	that (I) (we) lost
1	sow the deceased alive an abave, (I) (we) (did) (did no	ot) view the body ofter death	, and that in	(my) (our) opinion	death accurred an the da	te and hour	r and from the o	couses stated
1	226. SIGNATURE	1 2 1/	DEGREE				22c. DATE	SIGNED
	Margar	a Kau	umo	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	11/2	3/84
٦	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADI		,	A 1	2	
1	Margaret A.	KAISI	ER D	arrett o	10 1650	Vak	land,	mi
1	23a. BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY		23d. LOCATION		COUNTY	STATE
	Burial	11/24/84	Woodlawn		Fairmont		arion	WV
1	24. FUNERAL DIRECTOR	Af	DDRESS	25a. DAT	E REC'D, BY REGISTRAR	25b. REGIST	RAR'S SIGNATI	URE
		rey 320 Mad	ison, st Fair	mon NUV.	00		Standards.	

DHMH - 16 50M 4/82 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner mark be neithed or of





	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 4	. 3	9 7	0
1		CEASED NAME FIRST		AIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY		26. HOUR
0.00		Vivia		lores	FAUL		Movember			220 A
	3 SE		4. RACE		S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF L		HOURS M
10		Female	White		Nove	mber 6, 1913	70	YRS.		
826		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
P		ITY OR TOWN OF DEATH	11. NAME OF H			R OTHER INSTITUTION	120. USUAL OCCUPATI		12b. KIND OF	BUSINESS
notified		0akland	Garrett	t County	Memor	ial Hospital	Owner/Oper	ator	Restau	rant
must be	USU/ 130. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO Gay		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Deer Pa	N I	13d, INSIDE CITY LIMITS?	Route #4,	Box 58	21	.550
engminer	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
	/		nelius	Wilt		Effie	Mae		White	
medico			ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT	ADDRE			
w/		No		220-38-2	498	Joe Faulkner	, See #13 a	bove	Lennov	
event, th		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per ISED BY: IATE CAUSE (a)	Ine for (a), (b), one Myoca		D Failure			BETWEEN ON	SET AND DEA
oumotic		Canditions, if ony, which	DUE TO, OR	AS A GONSEQUE	Mys	curling A	fratu	M	2 111	Elle
r other tr		gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR	ANCE 18	NCE OF	vote Cash	lis VACUL	ar.	40	ars
lury, o	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	INTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES O	
0/		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
ked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is mos		220.1 certify that (1) (this ho saw the deceased alive above 1) (we) fold) did	on OC	2/ 19	91/ on	d that is (my) our) opinion	, to	ote and hour or	thind from the ca	at ID (we)
ANT: If Item		226. SIGNATURE	Mana	cesso	(ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	22c. DATE SI	IGNED V 1, 8
PORIAN		226. PHYSICIAN'S NAME (TYP				22e ADDRESS				
1		Dr. Thomas	Mance, DO)		Third St., 0	akland, Mar	yland	21550	
- min	F 0.2 - F	MIDIAL COFTANTION DE MON	1.1 DATE	0.0			Total Language Contract			

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR BradTey A. Stewart Oakland, Maryland 21550

11/4/84

23b. DATE

230 BURIAL, CREMATION, REMOVAL

burial

(SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

Garrett Co. Mem. Gards. Oakland, Garrett, Maryland

23d. LOCATION CITY OR TOWN

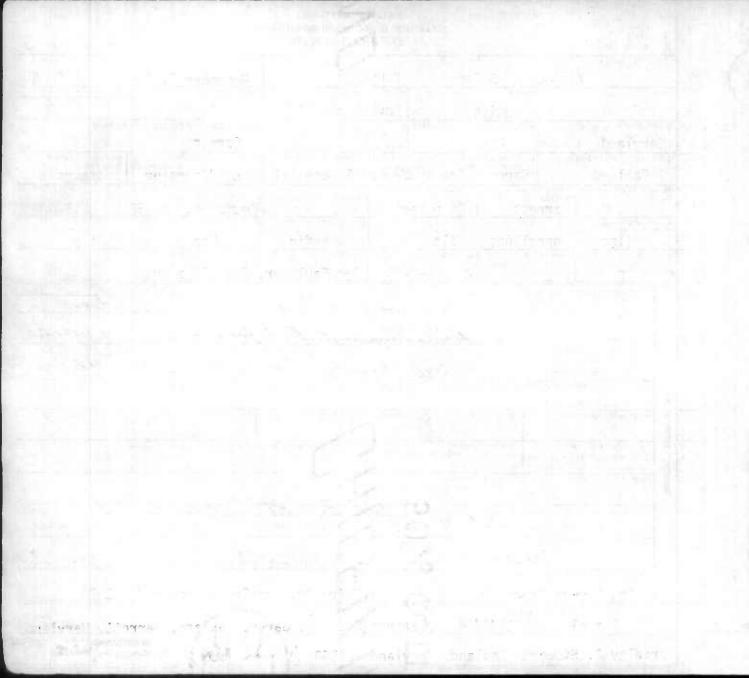
Julia Devidson Randelles

26. HOUR 220 A M

12b. KIND OF BUSINESS OR INDUSTRY Restaurant

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS



	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE 8	REG. NO.	3 0	1	0 4
		OR PRINT)	FIRST	1	MIDDLE	ŧ.	AST	20. DATE OF	DEATH MONTH	CAY	YEAR	2b. HOUR
			Norri	S S	amuel	F	-ike		11	/13/	84	1950 MM
	3. SEX			4. RACE		5. DATE C	CIAY YEAR	6. AGE (IN YE	ARS LAST BIRTHOLAY	MONTHS	R I YEAR DAYS	HOURS MIN.
11	Ma	ale		White		Mar.	13, 1907	77	YI			
1/2		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8. MARRIEI	□ NEVER MARRIED □		E CITY OR COU		ATH	
		ennsylvani		USA		WIDOWE			t Count			MD.
2/	10. CT	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	ROTHER INSTITUTION		CCUPATION FOR MOST OF WORKII		KIND OF	BUSINESS OR
10		Henry		Rt. 1,	Box 39,	Hoyes	Run Road	Coal	Miner		Coa	1
16	13a. S	AL RESIDENCE (# NUR	13b COUN	OTHER INSTITUTION, ITY	13c. CITY OR TOV	VN !	13d. INSIDE CITY LIMITS?	13e STREET A				
11		aryland	Gar	rett	McHenry	7	YES NO X	Rt. 1,	Box 39			21541
1/	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	WIGDLE		LAST	
		Harvey			Fike		Cora		T.		Frie	nd
		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b. SOCIAL SEC		17. INFORMANT		Rt. 2, E	Sox 11		01 501
E		No			194-01-6	4/8	Margaret L.	Umbel,	Friendsy			21531
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly ane couse per D BY:	line for joi, (b), a	nd (c).	1 00			В	ETWEEN	AATE INTERVAL
))				E CAUSE (0)	Kesp	17ay2	My HYVES	A				1
E E				DUE TO, O	R AS CONSEOL	JENCE OF	1/100				mo	A/65
0	2	Canditians, if any gave rise to im-		(b)	Kenay	ra	ilure					4 1/6
THE STATE OF THE S	=_	couse (a), statis		DUE TO, O	R AS A CONSEOL	JENCE OF	o Callindas	sc Mars	Diseas	6	VO.	125
ā		PART 2 OTHER SIG	NIJEIC ANT ((c)	F-1-77-2		NOT RELATED TO THE TERM				ART 10	
Annla Annla	Z	To I would	he r	110	0	1	e Heart Fa	. /	OK CONDITION	O TELLEN	7411	
	ATK	190 DATE OF OPERA	The second second			H OPERATIO	N WAS PERFORMED	200 AUTO		F YES, WERE		
7	CERTIFICATION	/	77		/			YES 🗌	NO	RTIFYING (AUSES	NO [
37	CER	21a. ACCIDENT WAS UN	_	110110 4		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEA	A 18 PART I OR	PART 2)	
1	CAL	(IF EITHER NOTIFY MED	ICAL EXAMINES	P.	м.	19						
à	MEDICAL	21d. INJURY OCCUR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE.	FARM ETC.)	21f. LOCATION STREET		CITY OR TOWN	co	UNTY	STATE
e /	-	AT WORK AT WO	HILE			- 10					,	
E E		220.1 certify that (I		2 4 2 2	- 0 da	19	, 19	, ta/	-13	, 19	/	hat (I) (we) lost
T 7	11/4	saw the decease above, (1) (we) (did) (did pe				id that in (my) (our) opinian	death accurred	d on the dote one			
=		226 SIGNATURE	. 1	17.7		1/	DEGREE ATTENDING	MEDICAL	STAFF		C DATE	SIGNED
ž-/-		100	11	Y. Hile	51	V	PHYSICIAN [DIRECTOR (PHYSICIAN		11-	13-84
X		22d. PHYSICIAN'S N	ME (ITTE C	1 0-	-1V-1.			. 1	•11	015	01	
<u> </u>	00.0	(250V	-		01771	15	Box 67, F			215	<u>31</u>	
	6 Z 3 G. B	BURIAL CREMATION	r KEMOVAL	23b. DATE	1 23c.	NAME OF C	EMETERY OR CREMATORY	1230. LUCA	ININ			

DHMH - 16 50M 4/B2

BP.

24 FUNERAL DIRECTOR

Burial

11-16-84

Steele Cemetery

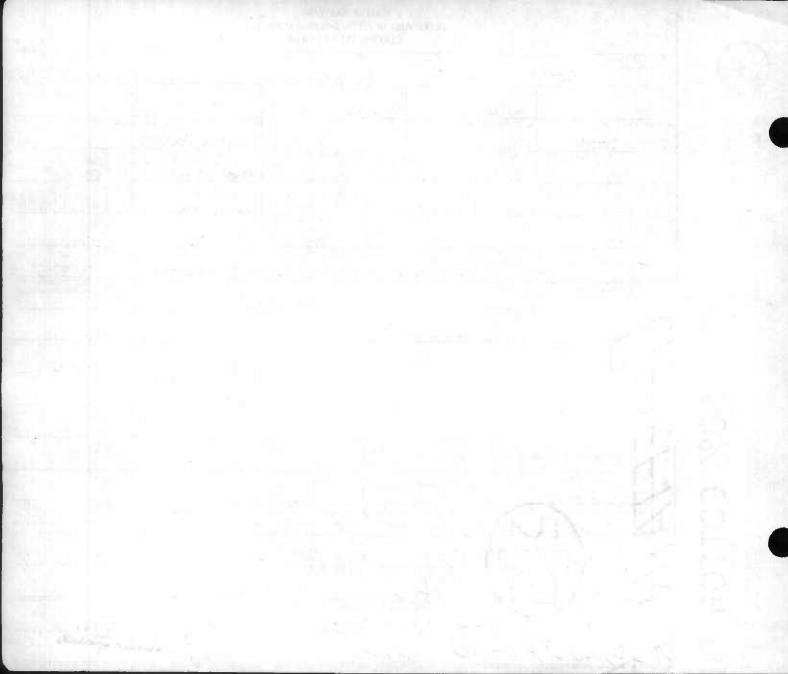
Friendsville,

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S ON

(VRA 15, 4)

Grantsville,



DHMH - 17 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND											
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE										

	1-	FOR STATE	D	EPARTMENT OF H	IEALTH	I AND MENTAL H	IYGIENE		
		REGISTRAR	MED	ICAL EXAMINI	ER'S C	CERTIFICATE	F DEATH REG. NO.	0.70	To the
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE KNOWN N MONI	TH DAY YEAR	26 HOUR
		Marv	Elizabeth	HERSHBERGE	·R		DEATH MATED 11	3 1,84	6P "
	3. SEX		5. DATE OF BIRTH	6. AGE (IN YEA	RS IF UN	DER 1 YR. IF UNDER		11 6711	2d. HOUR
10	Fer	male White	9-20-1915	LAST DIKTITUA		HS DAYS HOURS	MIN. PRONOUNCED DEAD 11	3 ,84	710P
	7a. BI	RTHPLACE (STATE OR	76. CITIZEN OF WHA		0		9. BALTIMORE CITY OR COU	INTY OF DEATH	- ///
2		REIGN COUNTRY)	TICA		WIDOW	IED 🔀 NEVER MARR	- Gannett		
5	Per	nnsylvania TY OR TOWN OF DEATH	USA USA	ITAL NURSING HOME.			12a. USUAL OCCUPATION (TYPE OF WOR	RK 112b. KIND OF BUS	MD.
	10 01	TO OK TOWN OF DEATH		ILITY, GIVE STREET ADDRESS)	, OK OTT	EK 1143111011014	FOR MOST OF WORKING LIFE)	OR INDUSTRY	
4	Gr	entsville	Star Rou		(F	Rural)	Homemaker	XXX Home	e
-	13a. S	L RESIDENCE (IF IN NURSING HOATATE 13b. COL		13c. CITY OR TOWN)N)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
1	Ma	ryland Garr	ett	Grantsvill	le	YES 🔀 NO 🗌	Main St. (P.O.Bo	$0 \times 53) 215$	36
4	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAID		LAST	
		N -	P	Meyers		1 11.01			
/	16a. V	AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY	NO.	Gertruc 17. INFORMANT	ABORFOS BC	Newman ox 53	
	{YE	NO (IF YES, G	VE WAR OR DATES)	190-12-493	20	John D He	ershberger. Grantsv		
	-	18 CAUSE OF DEATH (Enter	anly and any line f)7	JOINT K. DE	ershberger, Grantsv	APPROXIMATE I	INTERVAL
		PART I DEATH WAS CALL	SED RV.			* 1.1. 2.1	7	BETWEEN ONSET	AND DEATH
		QUIT IMMED				With dis	slocation of	minute	38
		Conditions, if any, whi	4/17	2, C5-7,	1.1 -	2 and dis	ruption of the		
		gove rise to immedia					lumbar spinal		
		couse (o) stating the <u>under</u> lying couse lost.							
		7/10/2000/10/10	(c) CDF	d and tra	nse	ction of	the L carotid &	c ,	
		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH TO	I NOT RELATED TO THE TERMI	NAL DISEAS	OR CONDITION GIVEN IN PA	the abdominal a	torua.	
	O								
7	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPERA	ATION W	'AS PERFORMED?		20 AUTOPSY?	
/	FF							YES K	NO
1	ERT	210. EXTERNAL CAUSE WAS	21b. TIME OF		21c. H	OW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR		
1		UNDERLYING OR		MONTH DAY YEAR					
1	MEDICAL	CONTRIBUTING CAUSE C		FINJURY (ATHOME,		CATION	road, struck by	Car.	
	ME		Rt. L	RY, FARM, ETC.)	3	STREET	CITY OR TOWN	COUNTY	STATE
1		WHILE AT WORK	м. д	.0	Sta	ar Route	Grantsville, G	Garrett, M	D
1		220. I certify that I took cho	orge of the remains descr	ribed obove, held on	Autop	sy 🚺 , Inspectio	in 🔼 , Inquiry 🔼 , and in my	opinion	
		death resulted from: No	tural couses	Accident Suic	cide	Homicide .	Undetermined manner		
-		Xa				TITLE (SPECIFY)			
1	t.	ACTUAL OFFICE OFFICE OF STREET	4-27	14.0.0)	DEPUTY	MEDICAL EXAMINER SIG	TE NED 11-3-81	la e
1	/	SIGNATURE	(7			MEDICAL EXAMINER SIG	NEU-LI J	-
		EXAMINER'S NAME OF STATE S	H. Feast	er, Jr.,	M.	Deress 107	S. 2nd. St., Oak	clandMd.	
	23a, B1	JRIÁL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	NETERY O	R CREMATORY	23d. LOCATION	OUNTY STA	TE
	1-6	Burial	11-7-1984	Grantsvil	lle (Cemeterv	Grantsville, Garr		1.0
	24/1	INERAL DIRECTOR		P.,			REC'D. BY REGISTRAR 25% REGISTRAR	S SIGNATURE	
	1	Lemon De	Wand ADDRESS G	rantsville.	MD	NOV 3	13 Town Askin Mail	Durkato.	
	V	1	. ,	TailovIIIe.	LID	13	- Ellis Landing	A PAINTER	1

Landier Colones and Santons and Security AND MICHAEL THE RESIDENCE BY THE pha proj 46 , 1, 121 , 121 12021 ... Mary forest my first .

FOR

- STATE

DHMH-16-60M 1/73

(VR A 15 (4))

FUMERAL DIREC

REGISTRAR 1. DECEASED NAME STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

250. D'ATE REC'D. BY REGISTRAPIZSA

DAY

2h HOUR

12b. KIND OF BUSINESS OR

Donora,

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

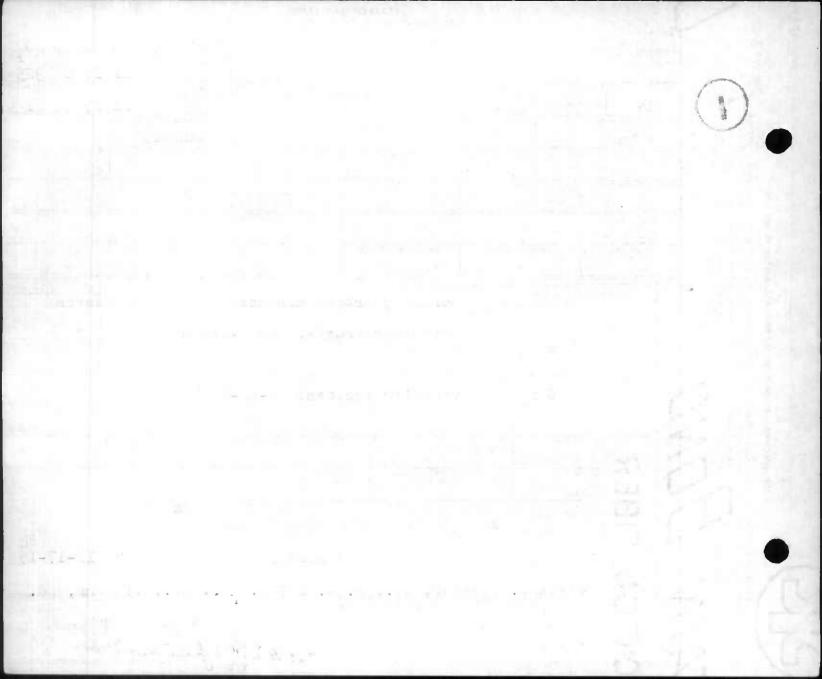
22c DATE SIGNED

DAYS

IF UNDER 24 HRS.

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							STAT	E OF N	ARYLAN	ID						
		FOR STATE			1	DEPART	MENT OF	HEALTH	AND ME	NTALE	YGIEN	E				
		REGISTRAR			ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEC	F DEA	DH 🐴	REG. N	3) 7 (7 8
		CEASED NAM	E FI	RST		MIDDLE			LAST			20. DATE	KNOWN	MONTH	DAY YEAR	R 2b HODE
Marin 12F	{TYP	E OR PRINT)	Roy	r	Mo	nroe		MY	ERS			OF DEATH	MATED [11	17184	325 M
4855	3. SEX	(4. RACE	5. D.	ATE OF BIRTH	YEAR	6. AGE (IN YEA			IF UNDER		2c. DATE		MÖNTH	DAY YEA	
ESTS)	Ma	ale	White		-21-19]	O TEAR	74 YR	101411	DAYS	HOURS	MIN	PRONOUN DEAD	CED	11	17 84	1 8P M
	70. BI	RTHPLACE (S	1		ITIZEN OF WI			2	ED X NEV	(F.D D.D.		9 BALTIM	ORE CITY	OR COUN	ITY OF DEATH	
品語の書き	Ma	reign country)	l		USA			WIDOW		DIVORC		GA	RRET	T		MD.
の非常田川		TY OR TOWN			NAME OF HOS			, OR OTH	ER INSTITUT	ION	120 USU	JAL OCCUP	ATION (TY	PE OF WORK	12b. KIND OF OR INDU	BUSINESS
EATH. IF ANY DELAY ISN EST. 2, AND 3 TO THE FILE OF AND 2 SHOULD BE FILED IF VITAL RECORDS FILE OF VITAL RECORDS FILED		ciends		Rt		0x 50	(F	Rural)			emblyr			Auto	SIKI
ZOEA Z		L RESIDENCE		HOME OR OTHE	R INSTITUTION, GR		OR TOWN	ON)	13d. INSIDE CI	TV FIMITS2	113e STRI	EET ADDRE	55			
A RESERVED		aryland	l Ga	rrett		Frie	endsvil	.le	YES 🔲	NO 🔣	Rt.	1, B	ox 50		21531	
H. 1, 2, 1, 2, 2, 3, 2, 3, 3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14. F.	ATHER'S NAM	E	MIDI	DLE		LAST		15 MOTHE	R'S MAIDE	EN NAME	M	DDLE		LAST	
URS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PA WITH PAGES 1 AND DIVISION OF VITA		Orvil1		M.			ers			artha				Chi	solm	
FORW FORW ON OF	16a. V	VAS DECEASE	DEVERINU.	S. ARMED F	ORCES?	166 SOC	IAL SECURITY	NO.	17. INFORM	TANT	Rot	ite 1	ADDRES	⁵ 50		
A A G A SING		Yes		WW 2		206	-01 - 273	32	Ona 1	Mvers	Fr	iends	rille.	MD	21531	
WIL P		18_ CAUSE C	OF DEATH (En	ter anly ane	cause per line	far (a), (b)), and (c).)								APPROXIM BETWEEN OF	NATE INTERVAL
AL ENA		PARITO	EATH WAS C	AUSED BY:	USE (a)	Cor	onary	art	erv c	lise	9.50				Vears	
A A LO				(DUE TO, OR	AS A CON	ISEQUENCE (OF .								
WITHIN 24 ENCIL IN ITE MINER ALON TRANSIT PEE INTAL HYGIE OR REMOVA			ins, if any, i		(b)	Art	erios	cler	osis,	ger	nera	lize	d		11	
) stating the u		DUE TO, OR AS A CONSEQUENCE OF							12 1	- 0			
CURIAL EXAMENTED IN THE INTERNATION INTERNATION IN THE INTERNATION IN THE INTERNATION IN THE INTERNATION INTERNATION IN THE INTERNATION INTERNATION INTERNATION INTERNATION INTERNATION INTERNATION INTERNATION INTERNATION IN				((c)											
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PED AS.	E	19a. DATE O	FOPERATION				WHICH OPER				-TT-	1,04			20 AUTOPS	SY2
RIAL RICE	-5														YES [
AND THE PROPERTY OF THE PROPER	E	21g. EXTERN	AL CAUSE W.	AS	21b. TIME OF	INJURY		21c. H0	YAULAI WC	OCCURRE	D LENTER !	NATURE OF INJ	URY IN ITEM 18	PART LORP		J NO.
CERTIFICATE SHOULD SITING THE WORD "PE EDED TO THE CHIEF A E 3 SHOULD BE USED. E DEPARTMENT OF HE. SI PRIOR TO BURIAL, OI PRIOR TO BURIAL,	MEDICAL CERTIFICATION	UNDERLYING	G OR	E OF DE ATI			DAY YEAR			o c c o n n c	(,	
ERTING ING SSH PRIC	ED	214 INTHIPY	OCCUPPED	-	21e PLACE		(AT HOME,		CATION							
WRIT WARDI WARDI PAGE 21201	¥	AT WORK	NOT WHILL	E 🗀	STREET, FACT	ORY, FARM, E	TC)	5	TREET			CITY OR TOV	VN	CC	DUNTY	STATE
W ~ W			//		he remains des	cribed abo	ive held on	Augop	v 🔲.	Inspectio	m K.	Inquiry	X .	nd in my a	noinian	
EXAMINER: CERTIFICATI BULD BE FOR UDIRECTOR: I, WITH THE MARYLAND		death resul	1/	Natural ca	(97)	ccident	Su			ide .		ermined mo			, , ,	
KAA ERTI D B NITH			X)	1	/	TITLE (SI							84
EDICAL EXAL JIE THE CERT 4 SHOULD INERAL DIRE DOEATH, WIT		ACTUAL SIGNATURE	Osin	- 4	1	- 6	- 1	M	DEF	YTU	MED	ICAL EXAM	INER	DATE	ED 11-1	7-19
See A	1						0									
▼ 公帑書展員		EXAMINER'S	INT) Jan	ies H	. Fe as	ster	Jr.	M.	ADDRESS]	07 5	3. 2	nd. S	St.,	Oak	land.	Md.
5355E8 _	23a.B	URIAL, CREMA	TION, REMO			1	NAME OF CEA				CITY	OCATION OR TOWN		COL	UNTY	STATE
BP		Buria		11-	20-84	Asl	ner Gla	ade C			Fr	iendsv	rille.	, Gar		1D
DHMH - 17	24 FI	NAME DIRE	CTOR	00	ADDRESS					250. DATE	REC'D. BY				SIGNATURE	J
(VR A15 ME (5))	4	· des	no 1	pew	mare	Grant	tsville	MD	NO	V2	ON	B. gul	a Davi	door-1	charace	١
20M 4/B2				+							1000	m ()				



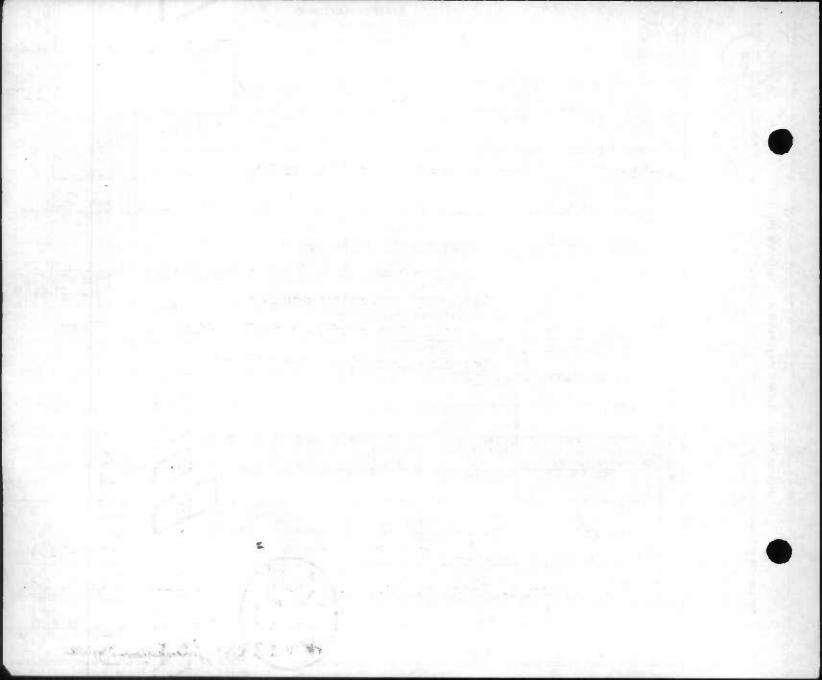
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BP.

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

	1 - :	FOR STATE REGISTRAR		STATEPARTMENT OF H		ENTAL HYG	6	REG. NO	7 n		1 0
	I. DEC	CEASED NAME FIRST		AIDDLE	LAST	CATE OF S	20. DATE	KNOWN X	-	7 19 8 4	10011
15	3. SEX		5. DATE OF BIRTH MONTH DAY	6 AGE (IN YEA		IF UNDER 24 H	HRS. 2c. DATE	NCED	MONTH	7 82	R 24 HOUR
2	7g. BII	RTHPLACE (STATE OR REIGN COUNTRY)	02-21-190		8. MARRIED N	EVER MARRIED	9 BALTIN	orecity or	COUNTY	OF DEATH	M
2	ME		USA	TAL, NURSING HOME.	OR OTHER INSTIT	DIVORCED	I USUAL OCCU		E WORK []	2b KIND OF	MD.
9		akland	Dennett	Road Man	or Nurs		FOR MOST OF WOR	KING HEE)		textil	STRY
5	13a S1	MD Alle	other institution, give it ty egany	residence before admission is a City or town Cumberlar	T3d. INSIDE	CITY LIMITS? 13e	SEYMOUT			215	02
/	14. FA	William Casey	WIDDIE	LAST	IS MOTI	FIRST Cathe	erine Sh	river		LAST	
2		VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (1F YES, GIVE V	MED FORCES? WAR OR DATES)	214-05-673		Colleen P.	Ellis, N	ADDRESS Irs. Kath	leen (Grabenst	ein
		18 CAUSE OF DEATH (Enter onle PART I DEATH WAS CAUSED IMMEDIAT	ly one couse per line fo DBY: TE CAUSE (o) Cere		scular	accide	nt				ATE INTERVAL SET AND DEATH
		Conditions, if any, which gove rise to immediate		s a consequence of ertensive		-vascu	lar di	sease		Year	s
		couse (a) stating the <u>under</u> lying couse lost.		s a consequence of erioscler	•	eneral	ized			11	
	NC	PART 2 OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITI	ON GIVEN IN PART 1	0.				2 10
2	IIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERA	ATION WAS PERFO	RMED?				20 AUTOPS	37
3	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		JURY MONTH DAY YEAR	21c HOW INJUR	Y OCCURRED (E	NTER NATURE OF IN	JURY IN ITEM 18 PAI	RT I OR PART	2)	
	MEDIC	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR	INJURY (ATHOME, y, farm, etc.)	211 LOCATION STREET		CITY OR TO	WN	COUN	11A	STATE
		22a. I certify thu Jook chorge death resulted I me: Noture	77	[7]	Autopsy .	Inspection K	Inquiry		ın my opır	nion	
		ACTUAL SIGNATURE ACTUAL	4 Si	- X-	M.D. DEP	SPECIFY)	MEDICAL EXAM	AINER	DATE 1 SIGNED	1-7-1	984
1		EXAMINER SNAME Jame	s H. Fea	ster, Jr.	M _{AODR} D,	107 S	. 2nd.	St.,	0ak	land,	Md.
	230. BL	JRIAL, CREMATION, REMOVAL 23	3b DATE 11-9-84	Davis M	ETERY OR CREMA		3d LOCATION CITY OR TOWN	land Al	COUNT		STATE.

James F. Scarpelli, Cumberland, MD 21502



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

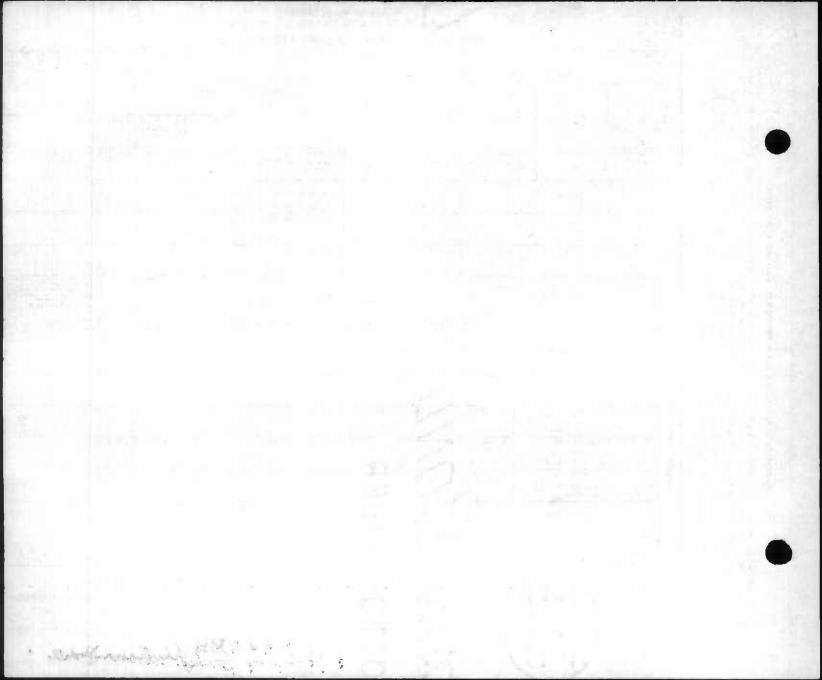


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	1 -	FOR STATE		DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 4	3 0	, ,
		REGISTRAR EASED NAME OR PRINT)	arl s	5.	Revens	REG. NO.	AONTH DAY YEAR	26. HOUR
3	SEX	Female	4 RACE W		5. Date of Birth Month DAY 4 19 04	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 2
25	a. BIR	RTHPLACE (STATE OR FORFIGN DUNTRY)	76 CITIZEN OF WH		MARRIED NEVER MARRIED WIDOWED MOORCED	9. BALTIMORE CITY OR		
2111		kland, Md.	LIE NOT IN SUCH EA	ACILITY GIVE STREET AL	HOME OR OTHER INSTITUTION DORESS) Nursing Home	12a USUAL OCCUPATIO	WORKING LIFE) 126. KIND O INDUSTRY	Home
35	JSUA 3a S		or other institution, GIV UNTY 13 Legheny	C. CITY OR TOWN	134 INSIDE CITY LIMITS	s? 13. STREET ADDRESS	St, 21532	
E//	4 FA	THER'S NAME FIRST	WIDDLE	rast Fazenbak	15. MOTHER'S MAIDEN		Garl:	
	6a W	AS DECEASED EVER IN U.S. A	ARMED FORCES? 16	5 SOCIAL SECUR	ITY NO. 17. INFORMANT	L. Stevens.	SS	
± 1	1	18. CAUSE OF DEATH Enter PART I. DEATH WAS CAU	only one couse per line		The state of	L. Doctons.		MATE INTER
traumatic ev		Conditions, if any, which gave rise to immediate	DUE TO, OR A	5 PSEOUEN	to Antiny	Chambese	is	
ws any injury, ar ather traumatic ev	IFICATION	Conditions, if ony, which gove rise to immediate course in storing the enderlying cover last.	DUE TO, OR A DUE TO, OR A (c) CONDITIONS CON	TRIBUTING TO DE	PERAYON WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING CAUSES	NGS USED
	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate to immediate the result of the result	DUE TO, OR A DUE TO, OR A T CONDITIONS CON 196 CONDITION 216. TIME OF IT HOUR A.M.	TRIBUTING TO DI	PERAYON WAS PERFORMED 21c. HOW INJURY OC		206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [NGS USED
	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate to immed	T CONDITIONS CON 196 CONDITION 197 CONDITION 216. TIME OF II HOUR A.M. 216. PLACE OF	TRIBUTING TO DI DN FOR WHICH C NJURY MONTH DA	PERAYON WAS PERFORMED 216. HOW INJURY OC	200. AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YIN ITEM 18, PART 1 OR PART 2)	NGS USEE OF DEAT NO
		Conditions, if ony, which gove rise to immediate the country of th	DUE TO, OR A DUE TO, OR A T CONDITIONS CON 196 CONDITION 216. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET	TRIBUTING TO DI TRIBUTING TO DI TO FOR WHICH CO NJURY MONTH DAY INJURY FACTORY, OFFICE, FAI Legeased from	PERAYON WAS PERFORMED 21c. HOW INJURY OC YEAR 19 21f. LOCATION STREET	200. AUTOPSY? YES NO CURRED (ENTER NATURE OF INJURY	200. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES YEN ITEM 18, PART 1 OR PART 2) N COUNTY 19 44	NGS USEE OF DEAT NO
# Hem 21 is marked ar Hem 1		Conditions, if ony, which gove rise to immediate to immed	DUE TO, OR A DUE TO, OR A T CONDITIONS CON 196 CONDITION 216. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET	TRIBUTING TO DI TRIBUTING TO DI TO FOR WHICH CO NJURY MONTH DAY INJURY FACTORY, OFFICE, FAI Legeased from	PERAYON WAS PERFORMED 21c. HOW INJURY OC (YEAR 19 21f. LOCATION	200. AUTOPSY? YES NO CURRED (ENTER NATURE OF INJURY) CITY OR TOWN IN THE PROPERTY OF THE PR	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES YES (1) YIN (TEM 18, PART 1 OR PART 2) N COUNTY Te ond hour ond from the	NGS USEC OF DEAT NO
MPORTANT: If them 21 is marked or them	MEDICAL	Conditions, if ony, which gove rise to immediate the country of th	DUE TO, OR A DUE TO, OR A TO CONDITIONS CON 19b CONDITION 19b CONDITION 21b. TIME OF II HOUR A.M. P.M. 21c. PLACE OF (AT HOME, STRFET) 10pitol) out odd the don 10pitol) view is body at	TRIBUTING TO DI NJURY MONTH DAY INJURY FACTORY, OFFICE, FAI deceased from 19	PERAYON WAS PERFORMED 21c. HOW INJURY OC YEAR 19 21f. LOCATION STREET , 19 DEGREE ATTENDIN PHYSICIA 22e. ADDRESS	200. AUTOPSY? YES NO CURRED (ENTER NATURE OF INJURY) CITY OR TOWN OF MEDICAL STAFF IN DIRECTOR PHYSICI IT St., Oakla	200. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES YEN ITEM 18, PART 1 OR PART 2) N COUNTY te ond hour and from the	NGS USEC OF DEAT NO STA

J. D. 1417 ": 1214 J. 141 11145 with the state of the second of the state of the Burisl . May. 251 da Fronthung Mat. Tark Proctiums, Allend, Allend, Add Mary 2 1 2 2 John Enter Spring ample three least to a, area three, be. 21690

	13-	FOR STATE REGISTRAR				STATI MENT OF H	EALTH				project of	250 110	Z 0		. See to
	1. DE	CEASED NAME OR PRINT)			WIDDLE			LAST				REG. NG	MONTH 11	20 84	26 HOUR 145P
ON STREET,		emale	4. RACE White	da Pearl W S. DATE OF BIRTH MONTH DAY 09-20-19	YEAR 106	6 AGE (IN YEAR LAST BIRTHDAY 78 YRS	MONTH	DER 1 YR.	IF UNDER	MIN	7c. DATE PRONOUNC DEAD	ED	MONTH 11	DAY YEAF 20 184	24.11001
	D FO	RTHPLACE (S REIGN COUNTRY) WV		76. CITIZEN OF WH			WIDOW	/ \	DIVOR	ED .	Gai	rett	=	TY OF DEATH	MD
E/		or town Oaklar	nd	Demier C	Roa	d"Mano	rN	ursi ursi	ng H	ome M	ALOCCUPA NOST OF WORKI retire	NG LIFE)	OF WORK	OR INDUS	TRY
S S	13a. S	MD	A1	or other institution giv ity legany	13c. CITY	BEFORE ADMISSION OR TOWN Imberlai		13d. INSIDE O	NO [EET ADDRES		reet	150	2
1/1/	160,:N		ry C. War			AST	NO.	15. MOTH			Kaylo			LAST	
Noisin	(Y	no, or unkno		WAR OR DATES)		-10-7440	0	Mrs.	Carol	. J. [Decker	, Cum	berla	and, MD	TE INTERVAL
VAL.		PART I DE	ATH WAS CAUSE	TE CAUSE (a)C	ereb	eral v								BETWEEN ONS	rs.
MENTAL HYON, OR REMO		gave ri	ns, if ony, which se to immediate stating the <u>under-</u> se last.	(b)		SEQUENCE OF		is,	gene	rali	zed			Year	S
ALTH AND	NO	PART 2 OTNER SI	GNIFICANT CONDITIONS	(c)	UT NOT RELAT	EO TO THE TERMIN	AL OISEASE	OR CONDITIO	N GIVEN IN PA	ART 1 Ia					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL CERTIFICATION		OPERATION			VHICH OPERA								20 AUTOPS	X
A PTANE	CAL CER	UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH P.M.	MONTH	DAY YEAR			OCCURRI	ED (ENTERN	NATURE OF INJUI	RY IN ITEM 18 P	ART I OR PAI	RT 2)	
1201 PR	MED	21d. INJURY (WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE O STREET, FACTO				TREET			CITY OR TOW	N	COE	UNIY	STATE
MARYLAND, 2			ly that that charg	ge of the remains desc ral causes	ribed aba	ve, held an	Autop	, Homi	Inspection		Inquiry [d in my ap		
AFTER DEATH, V		ACTUAL SIGNATURE: EXAMINER'S (TYPE OR PRI	NAME James	s H. Fear	ster	, Jr.,		D. DEP	UTY		nd. S			<u>11-20-</u> land,	
A PA	23a.B		TION, REMOVAL	23b. DATE 11-23-84		AME OF CEMI Sunset				CITY C	CATION ortown umberl	and A.	llena	anv M	STATE
17 NE (5))	24 F	JNERAL DIRECT		elli, Cumb		8 1				_	REGISTRAR	256. REGIS	STRAR'S S	IGNATURE	b 4
/82										-	7000				-



DHMH - 17 (VR A15 ME (5 20M 4/82

	1 - :	FOR STATE REGISTRAR			STATI DEPARTMENT OF HI DICAL EXAMINE		MENTALH	- D	NJ 0	7	14
		CEASED NAME ORPRINT)		Holi	MIDDLE WITT	LIAMS,	Sn	20. DATE KNOWN OF ESTI-	_ 11	14 1984	12:11
	SEX		Lloyd	IS DATE OF BIRTH		S IF UNDER 1 Y		DEATH MATED 24 HRS 2c DATE	MONTH	DAY YEA	
		ale	White	Jan. 17,	1897 87 YRS	MONTHE DAYS	HOURS	MIN PRONOUNCED DEAD	11	14 ,84	26. 1100K
3	7a. Blf	RTHPLACE 151 REIGN COUNTRY) Va.	TATE OR	76. CITIZEN OF WH	HAT COUNTRY? 8	MARRIED	DIVORCE		ORCOUNT	Y OF DEATH	MD.
E		iy or town kland	OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, (CILITY, GIVE STREET ADDRESS) rett Co. Men			FOR MOST OF WORKING LIFE) Policeman	THE OF HOME	or indu Law Er	BUSINESS DSTRY Nforce.
6	USUA 13a S1	RESIDENCE Md.	(IF IN NURSING HOME	OROTHER INSTITUTION, GIVI	residence before admission 0akland	()	E CITY LIMITS?	13e. STREET ADDRESS Rt. 1 BOX	x 194	2156	0
0	14 FA	THER'S NAME FIRST Marti		MIDDLE	Williams	15. MO	HER'S MAIDE Anna	N NAME MIDDLE MARY	Brev	wer	
1	16a, W	AS DECEASE	DEVER IN U.S. AL	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY		RMANT	ADDRE			
/	1/2	Yes	WW	I	226-30-785	1 Mil	dred D	illey – same a	ıs 13		
		PART I DE	IMMEDIA ns, if any, which se to immediate	ATE CAUSE (a). Can DUE TO, OR A	ardiac arres	tic car	dio-vas	scular disease	}	Minu Year	
	NO				out not related to the termin.			RT I to			
9	CERTIFICATION		OPERATION	-	TION FOR WHICH OPERA	4				20 AUTOP	
3	CAL CER	LINDEDIVING	AL CAUSE WAS OR NG CAUSE OF	DEATH 430 XX.	11-14-84	Fell do		D (ENTER NATURE OF INJURY IN ITEM OS at his home			
	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOCATION STREET Rural	Rt. 1	Box 194 Oakl	and Ga		Md.
		22#. I certi death result		67	Accident , Spice	Autapsy	Inspection	Undetermined manner	and in my api	nion	
5		ACTUAL SIGNATURE	Jan	N)	2=1		(SPECIFY) PUTY	MEDICAL EXAMINER	DATE SIGNEE	11-14-	1984
do	-	EXAMINER'S (TYPE OR PRI	NAME James	H. Feaste	er, Jr., M.	D. ADDRES	s <u>107 S</u>	2nd. St., Oa	kland,	Maryl	and
		Burial Burial	TION, REMOVAL	236 DATE 11/17/84	Mt. Hebro	ETERY OR CREM	ery	Winchester	Frede		Va.
		Durst	Funeral	YY XV LU Home Oa	ukland, Mary	land	250. DATE F	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SI		3

